

The Commonwealth of Massachusetts

Executive Office of Public Safety

Department of Fire Services - Office of the State Fire Marshal

P.O. Box 1025, State Road, Stow, MA 01775



Date: \_\_\_\_\_

C. 82 S.40 M.G.L.

## APPLICATION FOR PERMIT

Permit # \_\_\_\_\_

To: Head of Fire Department: Springfield  
City / Town

In accordance with the provisions of Chapter 148, M.G.L. as provided in Section 25A application is hereby made by:

Name: \_\_\_\_\_  
(Full name of person, firm or corporation)

Address: \_\_\_\_\_  
(Street or P.O. Box) (City/Town) (State) (Zip Code)

For Permission to: Install Unvented Propane or Gas-Fired Space Heater  
State clearly the purpose for which the permit is requested: \_\_\_\_\_

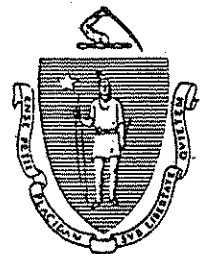
Location: \_\_\_\_\_

Name of competent operator if applicable: \_\_\_\_\_ Certificate of Competency #: \_\_\_\_\_

Date Issued { } Date Rejected { } By: \_\_\_\_\_

Date of Expiration: \_\_\_\_\_ Fee Paid { } Fee Due { } Amount: \_\_\_\_\_

Applicant Signature: \_\_\_\_\_ Fire Department Number: \_\_\_\_\_  
(If Applicable)



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## PERMIT

Permit # \_\_\_\_\_

In accordance with the provisions of Chapter 148, M.G.L. as provided in Section \_\_\_\_\_ this permit is granted to:

Name: \_\_\_\_\_  
(Full name of person, firm or corporation)

For Permission to: \_\_\_\_\_  
State clearly the purpose for which the permit is granted: \_\_\_\_\_

Restrictions: \_\_\_\_\_

Location: \_\_\_\_\_

Fee Paid: \_\_\_\_\_ This Permit Will Expire On: \_\_\_\_\_

Signature and Title of Official Granting Permit: \_\_\_\_\_

⇒(THIS PERMIT MUST BE CONSPICUOUSLY POSTED UPON THE PREMISES.)⇐